



**State of South Dakota
Statement of Financial Interest
Candidate for Public Office**

Appendix F
RECEIVED

APR 14 2008

S.D. SEC. OF STATE

File statement in the office where your nominating petition or convention nomination certification was filed.

Please read information on reverse side before completing this form.

1. Name R. Blake Curd, M.D.
 2. Address PO Box 2811 SF SD 57101
 3. Office Sought S. D. House District 12
 4. What is your occupation/profession? Orthopedic Surgeon

5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise.

Sioux Falls Surgical Physicians
Surgical Management Professionals
MEDICAL FACILITIES, USA
ORTHOPEDIC INSTITUTE

What is the nature of your immediate family's association with each? The value of the financial interest need not be reported.

OWNER
OWNER / BOARD MEMBER
BOARD MEMBER
OWNER / EMPLOYEE

6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise.

NONE

What is the nature of your immediate family's association with each?

Filed this 14th day of April, 08
Chi Nelson
 SECRETARY OF STATE

State of South Dakota }
 County of Minnehaha } SS.

Verification

I have reviewed paragraphs 1 through 6 of the Information Regarding Statement of Financial Interest (attached), my Statement of Financial Interest and certify that the information reported is a complete, true and accurate representation of my financial interests for the preceding calendar year.

(Signed) R. Blake Curd

Sworn to before me this 14 day of April, 2008

(Seal)

Georgia Hanson
 Officer Administering Oath
 My commission expires: 9-30-2012

Revised 1997